Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED						
			A. BOILDING.	VI								
		HAL002007	B. WING		12/3	0/2014						
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
A NEW OUTLOOK OF TAYLORSVILLE 360 WOOD ROAD TAYLORSVILLE, NC 28681												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE							
C 000	C 000 Initial Comments											
	Report of Complain 12-18-2014 and 12	nt Survey by Dennis Harrell on -30-2014.										
		a report of a fire and staff is not properly trained on w during a fire.										
	submitted or license of 34 Beds. Based was surveyed using Desired Standards for the Aged and In State Building Code Institutional and the	nat this facility was first ed in 6-1-1974, for a capacity on this information, the facility the 1971 Minimum and and Regulations for Homes firm, the 1967 North Carolina e Section 407 - Group De applicable portions of the lt Care Homes of Seven or										
The Complaint was unsubstantiated.												
C 166 Housekeeping-Maintained Free of Hazards		C 166										
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND										
	fire occured was not Findings include: a. The window to the had been partially r	ion, the bedroom where the of unsuitable for habitation. the exterior was damaged and removed. ching and heavy smoke										

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

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C 166	damage in the room c. The ceiling radia and return ducts ha This room must no	n. ation dampers in the supply ad activated and closed. t be used as a bedroom until ced, the damage repaired and ers are reset using	C 166									

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Division of Health Service Regulation STATE FORM